www.marylandcancerplan.org
Oral Cancer Committee Meeting #1
June 7, 2002, 9-11am
Johns Hopkins Outpatient Center, Room 6150

➪**Introductions and background information**

•Committee members and staff introduced themselves and agreed to have their name and affiliation listed on the website.

•Robert Villanueva, Executive Director of the State Council on Cancer Control, briefly reviewed the application for funding from the CDC and outlined the idea of comprehensive cancer control.

•Bowie Little-Downs, Program Coordinator for the State Council on Cancer Control, reviewed the organizational structure of the planning process and the evaluation component of the grant. Evaluation surveys must be completed by each committee member at the end of each meeting. Evaluations can also be completed online at http://www.marylandcancerplan.org/evaluation.html

•Kate Shockley, Program Coordinator for the Maryland Cancer Plan, reviewed the draft outline for the new cancer plan and the proposed meeting structure for the Oral Cancer committee. Oral cancer has not been included in past Maryland cancer control plans. The Tobacco Use chapters from the 1991 and 1996 Maryland cancer plans are available in the committee materials binder, as well as oral cancer chapters from other states' cancer plans.

➪**Presentation of data (Dr. Joseph Califano)**

•Questions and concerns regarding which cancer sites are covered by this incidence and mortality data (oral cavity vs. oropharyngeal).

•Incidence rates for oropharyngeal cancer are similar in Maryland and the U.S.

•In general, African Americans and males have higher incidence rates of oropharyngeal cancer, with African American men having the highest rates.

•Mortality rates are higher in older populations in Maryland and the U.S.

•Mortality rates are higher in Maryland than the U.S., which may be attributed to later stage of diagnosis in Marylanders.

•More African Americans present with later stage disease (i.e., regional or distant) than whites in Maryland and the U.S.

•There has been little change in 5-year survival rates since 1974.

•Dr. Califano's summary notes emphasize:

-African Americans present at a later stage of disease and have higher mortality rates.
-Oral cavity and oropharyngeal cancers may have different etiologies.
-Targeted prevention

➪**Discussion of data and risk factors**

•Tobacco use is the major risk factor for this disease.

•There is evidence to support the view that there is a multiplicative effect of smoking and alcohol consumption as risk factors for oropharyngeal cancer. There may also be a synergistic relationship with smoking and HPV infection as causative factors. Sunlight exposure is also a risk factor for lip cancers.

•On the Eastern Shore, survival rates in African American men are much lower than survival rates for white women.

•Access to oral health services for low-income populations is a problem in Maryland.

•Focus group results have shown that people of lower SES are more likely to go to a physician rather than a dentist. These populations tend to avoid dentists due to an underlying fear or lack of insurance. This indicates that many different types of providers need to take part in oral cancer prevention and screening/detection.

•Discussion regarding provider education and actual practice. Oral cancer exam training needs to be expanded to include physicians, nurses, nurse practitioners, and physician's assistants.
•Discussion about encouraging edentulous populations to have oral cancer exams.
•Discussion regarding lack of health literacy and public education needed. There is a historic mindset throughout many populations that they are not going to be able to see a dentist. For public education, emphasis should be placed on the prevention that people can do for themselves but also that accessible oral health services do exist.
•Discussion of public education strategies, such as billboards and brochures.
•Discussion of screening/detection tools, such as ViziLite and Toluene-blue. Some members felt that encouraging use of these detection tools may get more providers to screen their patients. In addition, it was suggested that if practitioners could bill for an oral cancer exam, more would perform the exam on a regular basis.
•Discussion of the overall objective, which is to diagnose oral cancers at an early stage.
•Recommendation to change the committee's name to the Oral Cavity and Oropharyngeal Cancer Committee.

➪**Next meetings**
•Possible dates were identified: July 10 and July 31, 9-11am
•Items for review will be distributed before the meeting, including the JADA Special Supplement on Combating Oral Cancer, other pertinent articles, brochures from the Office of Oral Health, and a list of draft recommendations from this meeting.
•Additional committee members will be recruited, including a Nurse Practitioner, oral cancer survivor, and possibly a minority representative.
•Discussion of Town Hall meetings. The committee is in favor of recruiting people to attend these meetings to ensure that oral cancer issues are addressed. The committee may also arrange to have oral cancer screenings conducted at some of the meetings.